

HOW TO FILE A PETITION TO REOPEN

If your disability has increased, this form should be completed to reopen your case.

You should obtain a medical report from your doctor indicating your condition has worsened and also collect any other evidence you have to support your case.

Complete the form. Follow the attached sample. Be sure to sign and date the form.

You have five (5) years from the date of your injury to file this petition.

If the insurance company won't voluntarily reopen your case and you are ready to proceed to a hearing, you should fill out a Declaration of Readiness to Proceed (see I&A Guide 07) and submit it with your petition.

You will need to mail the original of these forms and your evidence to the Workers' Compensation Appeals Board. You also need to send a copy to the insurance company handling your claim.

Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local I&A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD

DISTRICT OFFICES

ANAHEIM, 92801 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	SALINAS, 93906 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
EUREKA, 95501-0421 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	SAN JOSE, 95113 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	SANTA ANA, 92701-4080 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
LONG BEACH, 90802-4460 300 Oceangate Street, 3 rd Floor Information & Assistance Unit	(562) 590-5240	SANTA MONICA, 90405-5200 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
LOS ANGELES, 90013 340 West 4 th Street, 9 th Floor Information & Assistance Unit	(213) 576-7389	SANTA ROSA, 95404 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

your name

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)

Case No. *your WCAB case number*

Applicant,)

vs.

)

*your employer and
insurance company*

)

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PETITION TO REOPEN

Defendants)

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Petitioner hereby requests that the above-entitled action be reopened for the following reasons:

*Explain in your own words why you feel
your case should be reopened.*

PROOF OF SERVICE (WCAB RULE 10514)

On *today's date* at *city*
(date) (place)

your signature

Petitioner

Copy mailed to following addresses:

(1) WCAB

your address

Address

(2) insurance company

Attorney for Petitioner

your signature

Address of Attorney

(Signature)

) Case No.

Applicant,)

PETITION TO REOPEN

Defendants,